

Practice Protocols for Peer Support

Purpose:

As a guide to increase understanding, reduce confusion, and provide a path to successful integration of peer support specialists in the delivery of quality services. Peer Standards were originally developed in 2007 in response to requests from local mental health agencies who were seeking guidance on how to incorporate peer services into their current array of services. This 2013 retitled revision was informed by the national Pillars for Peer Support Services (2009, 2010, 2011, and 2012) and the 2009 Clark County Peer Support Guidelines. These protocols were developed in a robust process with input from community mental health agency and Behavioral Health and Recovery Division (BHRD) staff including administration, supervisors, and peer support specialists as well as community stakeholders.

Expected System Outcomes:

The desired outcome is a clearer understanding of the roles, responsibilities, and value of peer support specialists working within an agency setting, and the achievement of a mutually respectful, cohesive, and effective working relationship for peers and non-peers within the mental health system. The ultimate goal is better outcomes for the people receiving services.

Provider agencies that integrate peer support specialists into their workforces find that they have a heightened awareness of the struggles faced by the people they are serving. Stigma is often reduced as negative attitudes toward people living with mental health and behavioral health challenges shift. Peer Support Specialists who work alongside other professional non-peer clinicians provide living proof that recovery is possible. This can raise morale by providing evidence to service providers that people are resilient and can (and do) recover. Peers' personal experiences can be a valuable asset to the clinical team. When they add their first-person knowledge and their stories of recovery to the service mix, services are enhanced and extended, as well as infused with hope and self-determination.

Definitions:

Certified peer counselors – Are self-identified consumers of mental health services (including parents or caretakers of children and youth with mental health challenges) who have completed specialized training provided or contracted by the Washington State Division of Behavioral Health and Recovery (DBHR) and have successfully passed an examination administered by DBHR or an authorized contractor. Once employed by an agency, they must register with the Washington State Department of Health as an Agency Affiliated Counselor.

Implementation guidelines – Are offered as suggestions for each Protocol and should be adapted to fit the unique needs of each agency or program. The guidelines can be a demonstration that the Protocol has been achieved, as in “You’ll know you’ve achieved this Protocol when...” If an agency meets the Protocols in ways other than those suggested by the guidelines, the methods must be articulated in agency policy and procedures.

Paraprofessional peer specialists – Are self-identified consumers of mental health services, including people with legal histories, who may be unable to become certified peer counselors because they have barriers to being approved as an Agency Affiliated Counselor or who have other barriers to becoming certified. Because of their own experience, these paraprofessional peers can share their strength and hope in their decision to stay in recovery even when they are challenged with the barriers of the legal system. These barriers can cause some consumers to be concerned that their own recovery process has

stalled. Paraprofessional peers can support consumers through the process and encourage endurance during that crucial period when the legal system and such a history appears to prevent advancement.

Parent Partners – Parents or caretakers of a child who has had a history of mental health and/or behavioral issues and an experience of recovery and resiliency and who have completed training in providing peer support to families.

Peer support – The process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic or addiction challenges. This support is provided by peer supporters - people who have “lived experience” and have been trained to assist others in initiating and maintaining long-term recovery and enhancing the quality of life for individuals and their families.

Peer support specialists – Persons who are trained to provide peer support. They may be certified peer counselors or paraprofessional peers. Note that the Washington State Plan service modality titled “peer support” funded by Medicaid must be provided by certified peer counselors. All peer support specialists can provide other service modalities (excluding intake, integrated co-occurring disorders [COD] screening, medication management, and some other specialty services). Peer support specialists may be paid or in volunteer or internship positions. Peer support specialists include:

1. Adults and youth who have a history of mental illness who also have a personal experience of recovery and resiliency;
2. Parent partners; and
3. Same-age peers working with older adults.

Same-age peers – Are persons trained to provide recovery and resiliency support services to older adults. These same-age peers need not necessarily have a lived experience of recovery, as many older adults do not see themselves as having a mental illness. Their need may be more for companionship as they build resiliency and attend to the tasks of aging, including life review, health concerns, and adjusting to loss. Same-age peers are considered paraprofessional peer specialists.

Protocols – Are universal requirements. Each of 14 Protocols includes a description and implementation guidelines. Several of the Protocols touch on hiring practices and other issues usually handled by human resources. It will be important to share this work with agency human resources (HR) staff and to work together towards implementation of each of the Protocols in a manner that fits with agency policies, and in context with all state, federal, and other regulatory guidelines. A number of the Protocols and Guidelines express policies and procedures that are usual and customary for all staff. Because some peers report their experience of agency employment differs from usual human resource policies and procedures, these expectations are reiterated in the Protocols. The Protocols include:

1. Valuing the provision of peer support services in community mental health settings
2. Integrating peer support specialists into the culture of each agency
3. Providing peer support within teams and promoting their integration as valued team members
4. Respecting shared experiences as the foundation of peer support
5. Ensuring clear employment practices for peer support specialists, including recruitment, job descriptions, orientation, and opportunities for advancement

6. Ensuring equitable pay for peer support specialists
7. Ensuring the provision of training to the body of work and orientation to agency policies and procedures
8. Supportive supervision practices for peer support staff
9. Individualized support and reasonable accommodations for peer support staff
10. Providing opportunities for professional growth and development
11. Promoting ethical practice for peer support specialists
12. Promoting understanding of the role of mutual support in the provision of peer support
13. Promoting self-care for peer support staff
14. Fighting the stigma associated with mental illness

Requirements

Protocol 1 – Valuing the provision of peer support services in community mental health

Peers provide a living example of hope for others faced with the challenges of mental illnesses. The “if I can do it, you can do it” message doesn't even have to be spoken – it's right before their eyes. This often allows peers to engage and bond with people who otherwise would be reluctant to trust and use clinical services. They are advocates for recovery by virtue of the example they set as they work and share hope throughout their community. Peers can reach out and engage people otherwise unwilling to use behavioral health services. This is especially important because only 15 percent of people with serious mental illnesses are estimated to receive minimally adequate treatment (note: this is for the general population).

Hiring an individual who is in recovery and/or a parent or caregiver of a child or youth facing behavioral challenges to help others is empowering and provides an opportunity for them to utilize their unique knowledge and experiences as either a consumer of mental health services or a parent/caregiver of a child receiving mental health services. The work validates their prior experiences and can help them move toward a more fulfilling life.

Implementation guidelines:

1. Peer support specialist voices are respected and avenues are present at different levels of the agency to provide input and hope for recovery.
2. Peer support specialists are given meaningful assignments that really use their strengths and skills - not only driving, straightening the waiting room, or ordering/delivering lunches.
3. Formal peer support services delivered by peer support specialists are available in some format to all consumers utilizing the agency.
4. There are opportunities for input from peer support specialists relating to planning, development, and implementation of policy within the agency.

Protocol 2 – Integrating peer support specialists into the culture of each agency

Provider agencies and peer support specialists identified a need to recognize that hiring peer support specialists often leads to a cultural shift in traditional mental health settings. Provider agencies provide opportunities and support for that change to happen. The integration of peer support staff into a community mental health agency, while proven to be beneficial, can also be challenging for the peer and fellow agency staff. It is essential to recognize the degree to which the job of a peer support specialist includes the role of a change agent and to ensure that peer support specialists understand and explicitly choose this potential role and the manner in which they will carry it out.

Implementation Guidelines

1. Each network provider agency is encouraged to draft a plan to foster successful integration of peer support specialists into their agency. The peer support implementation plan would cover hiring practices and a plan for the integration of peer support specialists into the philosophy and working practices of the agency.
2. Training regarding the benefits of peer support is incorporated into the agency's orientation process for all staff. In addition, agency staff are encouraged to participate in training on peer support that BHRD and DBHR will make available to the provider network as needed and within available resources.
3. Peer support specialists are given opportunities to speak at staff meetings and trainings, as appropriate to the training / meeting content and as they are comfortable, and share their stories of success.
4. Peer support specialists working within an agency are allowed time to network, meet together, and debrief their roles in support of each other. If there is only one peer support specialist within an agency or organization, allowances are made for the peer support specialist to connect at least monthly with a fellow peer support specialist from a similar position for mutual support. This could be accomplished by attending a network of peer support specialist meeting provided by King County or other meetings facilitated by network providers.
5. Peer support specialists are helped to voluntarily understand their potential role as an agent of change and explicitly choose that role and the manner in which they will carry it out. To the extent that organizations expect peer support specialists to act as change agents, this is explicitly defined in the job description. In addition, staff are educated about this aspect of peer support services. As acting as a change agent is a challenging while fulfilling role, supervisory support for this role is imperative. The assigned supervisor understands the nature and challenges of acting as a change agent. If this aspect of the peer support specialist role is not expected, this is noted in the job description. Training in the role of the peer support specialist as an agent of change will be provided by BHRD and DBHR, as needed and within available resources, to ensure that this is understood across the provider network.
6. Provide training for all staff, including peer support specialists and their supervisors, to help them recognize that the experience of stigma can be victimizing and that combating stigma is the responsibility of all staff, rather than just the responsibility of the peer support specialist or other staff members with a history of mental illness.

Protocol 3 – Providing peer support within teams and promoting integration of peer support specialists as valued team members

Provider agencies and peer support specialists identified the need for peer support specialists to be a respected and responsible part of the treatment/recovery team. They must be integrated and included as valued team members.

Implementation Guidelines

1. There is a clearly defined team structure outlining specific roles and values to promote integration of peer support specialists with non-peer clinicians. The team structure:
 - a. Describes the importance of consultation across disciplines for all team members.
 - i. Peer support specialists to Mental Health Professionals (MHPs), Chemical Dependency Professionals (CDPs), physicians, and other non-peer clinical staff;
 - ii. MHPs to physicians, peer support specialists, and other non-peer clinical staff;
 - iii. Physicians to MHPs, peer support specialists, and other non-peer clinical staff; and
 - iv. Other non-peer clinical staff to MHPs, peer support specialists, and physicians.
 - b. Defines what is and is not part of each team member's role.
 - c. Highlights the shared value across team members of helping people to recover.
 - d. Supports routine communication between all team members.
 - e. Clarifies that the peer support specialist represents the parent/consumer perspective to the team. When indicated, the peer support specialist also represents the guidance of the team to the parent/consumer.
 - f. Describes the extent to which and how the peer support specialist carries out engagement, including limitations related to safety.
 - g. If applicable, defines the peer support specialist role in assessment (for example, conducting a strengths summary), including any assessment activities that fall outside of the peer support specialist role.
2. The team supervisor role is critically important for creating and maintaining a team culture that understands and values the peer support specialist's role. The supervisor for the peer support specialist helps to create a team culture in which differences can be addressed in a productive and supportive manner
3. Specific team structure and roles are documented by the organization in a manner that either:
 - a. Addresses all of the suggested areas in this Protocol or
 - b. Notes why any suggested area is not addressed.
 - c. The agency's organizational chart represents the presence of the peer support specialists in the organization.

4. When peer support is requested by an individual, the delivery of peer support is evident in the clinical record by review of the treatment plan, progress notes, and treatment reviews. Peer support specialists use standard documentation methods for recording consumer progress toward recovery goals.
5. King County and DBHR will provide training (as needed and within available resources) in the incorporation of peer support specialists into the treatment team.

Protocol 4 – Respecting shared experiences as the foundation of peer support

Provider agencies and peer support specialists identify a need to recognize that the role of a peer counselor is based on shared experiences, and it is essential that those experiences sufficiently match the population they are hired to serve. Peer support comes in many different formats. It can be provided as an individual service recipient for other individuals, parent/caregiver for parents/caregivers, youth for youth, or family member for family members. Each of these groups has unique experiences that must be respected and supported within the mental health system. However, it should be recognized that, while common experiences are needed, there will never be an exact match between the experiences of two different people.

Implementation Guidelines

1. Provider agencies recruit and hire peer support specialists who have similar experiences and background to the population they are being hired to serve through the use of clearly defined job descriptions and recruitment materials.
2. Provider agencies have policies that require a basis of common experience between peer support specialists and the people they serve.
3. King County will ensure that training and technical assistance are provided as needed and within available resources to support provider agency implementation.

Protocol 5 – Ensuring clear employment practices for peer counselors, including recruitment, job descriptions, orientation, and opportunities for advancement

Provider agencies and peer support specialists identify a need to have clear employment policies for peer support specialists. Peer support specialist positions have a specific purpose. The role of peer support specialist is an important and challenging position. It is essential that the person hired to fill this role be well qualified to provide support and ready to perform their specified job role in their community. A clearly defined and supportive job description allows the peer and those with whom they work to better understand the role they are being asked to play in the recovery process of others. Because peers are in their own process of recovery, and may be in transition from a dependence upon financial benefits and insurance provided by the state, many peers choose to work part-time. Provider agencies should support part-time work when necessary, appropriate, and possible.

Implementation Guidelines

1. Each agency has a clearly defined employment plan including non-discriminatory recruitment practices, a job description, hiring practices, and supporting policies in place to ensure the integrity of all agency roles including that of the peer support counselor. The plan should include:
 - a. The process by which all peer employees will be recruited and hired;

- b. A general plan for personal development and growth- promotional opportunities for the role of peer within the agency, including a variety of positions that take into account their own strengths and desires that may be other than strictly peer positions;
 - c. A clear outline of the chain of supervision for peer support specialists within the agency.
2. Job postings for Peer Support positions include a clear description of what is being sought. In general, a peer support specialist ought to:
 - a. Have relevant experience to the population being served by the program or agency;
 - b. Have an understanding of the basic principles of recovery as it relates to mental health;
 - c. Be at a point in their recovery where they are able to serve as a role model to others;
 - d. Be willing and able to share their personal story; and
 - e. Be able to articulate what has helped them in their recovery.
3. The hiring process takes into account the qualities that are needed for the peer support specialist position and candidates are screened accordingly. Peer support specialists are included on interview panels for new peer support specialist hires.
4. Provider agencies are flexible in setting work schedules, accommodating part-time peers whenever possible.

Protocol 6 – Ensuring equitable pay for peer support specialists

Provider agencies and peer support specialists observe that positions for peer support specialists are often viewed as entry-level positions and receive minimal pay, which sometimes does not fit the personal responsibility afforded to this position. Peer support specialists play an important role in the support of an individual's treatment and wellness. They are asked to share of their personal lives and are often put in difficult and challenging positions with the people they serve. This position needs to be compensated appropriately.

Implementation Guidelines

1. Peer support specialists are compensated based on data from a market analysis of like positions within their community. This analysis includes:
 - a. Consideration of special circumstances/job activities related to the role of peer support specialist;
 - b. The salary structure takes into account the value of life experience as well as formal education; and
 - c. The salary is commensurate with responsibilities and incorporated into the agency structure at an appropriate level.
2. King County and DBHR will provide available information to support agencies as available and as requested.

Protocol 7 – Ensuring the provision of peer support specialist training and orientation to agency policy and procedures

Provider agencies and peer support specialists identify a need for peer support specialists to be trained to the body of work. In addition, peer support specialists must be oriented to the agency and provided with training in the same manner as any other employee of the agency who provides direct services. The orientation should include information specific to the role of the peer support specialist within that agency. Personnel records reflect appropriate training, orientation, and ongoing training as for any other employee.

Implementation Guidelines

1. Peer support specialists may receive training that is part of a certified or non-certified curriculum. All peer support specialists must receive training in basic concepts of peer support as reflected in the manual used for the certification training, including:
 - a. Active listening skills with the ability to pick up cues while listening and then respond appropriately
 - b. Using personal experience to build empathy and rapport;
 - c. How to be validating, provide information, and provide emotional support and encouragement
 - d. Assisting in developing and implementing the service plan, including identifying life goals and the steps needed to achieve them.
 - e. Assisting in reducing the sense of isolation and helplessness that consumers and families often feel;
 - f. Assisting in building resiliency to the impact of stigma encountered by persons and families living with mental health challenges, including internalized stigma.
 - g. Assisting in the development of self-advocacy skills.
 - h. When to seek consultation and practicing within the scope of their training;
 - i. Sharing their own recovery and resilience stories in ways that are relevant to the obstacles faced by consumers of mental health services;
 - j. Recognizing and utilizing one's own unique strengths and experiences and apply them appropriately to the tasks at hand and to the relationships they have, both with colleagues and the consumers with whom they are working;
 - k. Ethics, including:
 - i. Dual relationships and role conflicts;
 - ii. Confidentiality and privacy;
 - iii. Mandatory reporting;
 - iv. Appropriate boundaries;

2. Peer support specialists shall receive continuing education as available internally or externally to the agency. The BHRD and DBHR will assist, as resources are available. Topics shall include:
 - a. Training in illness self-management, such as the Wellness Recovery Action Plan (WRAP) process as developed by Mary Ellen Copeland or Illness Management and Recovery, among others; and for children, youth, and families, awareness of the principles of Wraparound, is strongly recommended.
 - b. Understanding the prevalence and impact of trauma in the lives of service recipients and trauma's demonstrated link to overall health in later life, including the principles of trauma informed care;
 - c. Principles of Motivational Enhancement;
 - d. The unique aspects of working with someone who has COD, including substance use disorders, developmental disabilities, etc.
 - e. Principles of whole health, including:
 - i. Encouraging and supporting self-directed recovery;
 - ii. Illness self-management and disease management;
 - iii. Supporting choices to live tobacco-free, increasing physical activity, healthy diet choices, and social integration; and
 - iv. Facilitating linkage and integration of primary health care and behavioral healthcare;
3. Orientation for the peer support specialist shall cover:
 - a. General information about the agency and the programs they provide;
 - b. The newly hired peer support counselor's chain of command;
 - c. Safety practices for direct services staff, including self-care (managing stress, and burnout);
 - d. Overview of job description;
 - e. Overview of agency expectations regarding ethics and boundaries;
 - f. Agency personnel and HR policies (hiring, discipline, firing, grievance, leave procedures, accommodations).
 - g. Training is provided to all staff, including peer support specialists, to promote understanding of differences between employee rights and consumer rights. For example, consumers are protected by laws guarding their right to confidentiality, but employees, including peer support specialists, are not. The training should encourage staff to be mindful of these differences. BHRD and/or DBHR will provide or support training in this area as requested and within available resources.

- h. Training in dealing with secondary trauma is provided to all direct services staff, including peer support specialists. BHRD and/or DBHR will provide or support training in this area as requested and within available resources.
- 4. There is continuing education and training on at least an annual basis to ensure continued understanding of the topics covered in the orientation. In addition, the agency should identify at least one additional training issue to cover per year. Annual training shall include content addressing guidelines regarding mutual support (see Protocol 12.)

Protocol 8 – Supportive supervision practices for peer support staff

The professional success of peer support staff depends greatly on the quality and quantity of supervision they receive. The supervisor focuses on supporting the employee as they work to meet the expectations articulated in their job description within the context of agency values and the Practice Protocols.

Peer support specialists are to be held to the same level of accountability as other employees within the agency. To hold a peer counselor to a lower or higher standard of accountability is stigmatizing, is unfair to other employees, and denies the peer support specialist opportunities for professional growth. Peer support specialists are to be treated as employees, not mental health consumers or family members.

Implementation Guidelines

- 1. Supervisors treat peer support specialists as they would any other employee including:
 - a. Avoid under or over-supervising peer support specialists;
 - b. Respect and treat peer support specialists as valued employees;
 - c. Keep the focus of supervision on the job;
 - d. The supervisor recognizes that the peer support specialist may pursue therapeutic support for issues that fall outside of the supervisor/supervisee relationship and may recommend resources as appropriate. Example: referring a peer support specialist to the agency's Employee Assistance Program as would be the procedure for any staff employed by the agency; and
 - e. Be familiar with these Protocols and the content of the Peer Counselor Certification Training used by DBHR and/or participate in training for peer supervision as available and offered by DBHR and/or King County to ensure understanding of the body of work by peer support specialists.
- 2. Peer support specialist supervisors exhibit the knowledge, skills, and attitudes necessary to supervise peer support specialists, including evidence that they:
 - a. Are invested in the agency's decision to hire peer support specialists;
 - b. Have an appreciation of the challenges faced by peer support specialists; and
 - c. Have access to additional support and technical assistance due to the challenges associated with supervising this position.

3. Supervisors provide supervision only to individuals with whom they have never had a therapeutic or personal relationship.
4. Provide training for supervisors to help them be sensitive to the presence of stigma and proactive in supporting staff they supervise (including peer support specialists) to take steps to cope positively with its effects.
5. Supervision for all staff, including peer support specialists, is attuned to the need to support decision-making around appropriate and unethical mutual support. Supervisory meetings include discussions regarding boundary issues.
6. Supervisors of peer support specialists receive training on the Americans with Disabilities Act, Family Medical Leave Act, and Washington Family Leave Act and how to work with accommodations from request to implementation, in concert with agency human resources staff.
7. Supervision and any disciplinary actions taken are documented in accord with broader requirements for supervision, performance, and accommodation of disabilities.

Protocol 9 – Individualized support and reasonable accommodations for peer support staff

Peer support specialists qualify for their jobs to a significant degree because of a difficulty in their life rather than instead of it, so there may be the need for accommodations to support the person in the event of relapse or recurrence of these difficulties. It should never be assumed that because an employee is a peer support specialist that they will necessarily require extra support or accommodations. However, because peer support specialists by definition are either persons who have a history of mental health issues or are the parent of a child who has had a history of mental health issues, many peer support specialists may benefit from individualized support, as would any other staff person facing similar issues.

Examples of reasonable accommodations for people with severe mental illnesses included providing self-paced workloads and flexible hours, modifying job responsibilities, allowing leave (paid or unpaid) during periods of hospitalization or incapacity, assigning a supportive and understanding supervisor, modifying work hours to allow people to attend appointments with their psychiatrist, providing easy access to supervision and supports in the workplace, and providing frequent guidance and feedback about job performance.

An employer is not required to provide an accommodation if it will impose an "undue hardship" on the operation of its business such as accommodations that are excessively costly, extensive, substantial, or disruptive, or would fundamentally alter the nature or operation of the business.

Implementation Guidelines

1. All requests for accommodation are documented in accord with broader agency policy and procedures related to disabilities. The requests are handled professionally and expeditiously.
2. If a peer support specialist has a reasonable accommodation in place related to a disclosed disability, it is appropriate to use a different standard if that is part of the accommodation. However, the agency has a right to require adequate performance of documented job duties.

Protocol 10 – Providing opportunities for professional growth and development

Peer support is a valuable resource in a recovery based system and peer support specialists need opportunities to gain knowledge and advance within the profession. Some peer support specialists may choose to advance as peer counselors, including the potential of developing supervisory skills. Other peer support specialists may choose to pursue other jobs within the agency for which they qualify, including other clinical, MHP, and administrative jobs.

Implementation Guidelines

1. As with any staff member, the agency provides clearly defined policies and procedures regarding opportunities for training and advancement for peer support specialists which may include:
 - a. Expanded responsibilities as a peer support specialist;
 - b. Potential advancement into supervisory roles over other peers/agency staff; and
 - c. Opportunities to pursue other clinical and administrative positions for which they qualify.
2. Peer support staff are encouraged to work with their supervisor to create a personal training, growth and development plan.

Protocol 11 – Promoting ethical practice for peer support specialists

Peer support specialists are held to the same ethical standards as other members of agency staff. All staff, including peer support specialists, who work in King County provider agencies are held to high ethical standards in their work with consumers and families. Agencies that choose to hire peer support specialists who also receive services from the agency shall ensure ethics regarding dual role issues are strictly adhered to. Ethical standards for the work provided by peer support specialists, parent partners, and youth peer specialists is in development nationally.

Implementation Guidelines

1. Agencies employing peer support specialists ensure that their staff receive the state approved peer counselor certification training or the equivalent (see Protocol 7). This training may be provided on-the-job with close supervision and support from other trained peers during an initial probationary period during which a peer support specialist is awaiting a training opportunity (due to an often long wait list to get into the state approved training).
2. Peer support specialists are provided with the same training as other clinical staff within their agency regarding the agency's ethical guidelines. Training is provided at orientation and ongoing, in accord with agency policy and state requirements.
3. The agency has a plan and policies and procedures in place to protect the confidentiality and rights of any employee who also receives services there.
4. Clinical records of employees who are receiving services within the agency are only accessible to their direct service providers, to the extent feasible.
 - a. The employee is made aware of any limitations in this confidentiality protection of their clinical records.

- b. A method for inquiry and issue resolution is identified and communicated to any employees who are also clients. This process offers recourse for any employee who believes their dual role as a client has been compromised.
- 5. Agency staff, including supervisors and peer support specialists, shall be provided information about emerging core ethical standards, including the code of ethics for parent partners articulated in the Wraparound Parent Partner Manual and those developed by the organization InterNational Association of Peer Supporters, released nationally in 2013 (see References).

Protocol 12 – Promoting understanding of the role of mutual support in the provision of peer support

The boundaries involved in the provision of peer supports are different than those involved in the provision of other clinical services. These boundaries need to be clearly defined to provide protection for the peer and for the people they are asked to serve. All team members need to understand the boundary between appropriate mutual support and inappropriate seeking of support or providing “counseling” to each other.

Implementation Guidelines

- 1. The provider agency has policies and procedures that address appropriate boundaries for all staff and provides regular training for staff to define and promote a positive understanding of mutual support that includes the following definitions and boundaries. BHRD and/or DBHR will provide or support training in this area as requested and within available resources. Key components of the policies, procedures and training should include:
 - a. A definition of mutual support (two people helping each other) as a positive occurrence and one of the principles underlying the positive impact of peer support;
 - b. Recognition that mutual support can occur freely if there is no power differential between the two people helping each other;
 - c. When a person is in the role of providing services or being a mentor, that peer should limit their sharing to positive, proactive elements and avoid unburdening themselves of unmet challenges, which may be overwhelming them. It is important to give the people receiving support the opportunity to be empowered through the experience of giving back support to the peer specialist. This is one of the essential aspects of mutual support. However, the peer specialist or facilitator should not be unburdening themselves of problems which are beyond what can reasonably be expected to be handled by the people who are supposed to be the ones receiving the services or support. When the exchange of support becomes overburdened by the demands of the peer specialist or facilitator, an unacceptable burden is placed on those who come to the experience seeking help for themselves.
 - d. Acknowledgement that power differentials can lead to situations in which limits must be put on the receipt of mutual support by the person in the more powerful position; these include:
 - i. If a person is in a formal role to provide help, there is a duty to provide help on the part of the person in the formal role. This is true whether or not the peer support specialist is in a paid or volunteer position (including internships.)
- 2. There is consultation available in the organization to help any staff member determine when the receipt of support by the helper becomes unethical.

Protocol 13 – Promoting self-care for peer support staff

Like other direct service roles in community mental health settings, the role of a peer support specialist is a stressful position and the person filling the role must be cognizant of personal limitations and practice good self-care in the same manner as would any other staff member providing direct services in an agency. Peer support specialists also face stresses unique to their role. Provider agencies and peer support specialists must recognize the challenges faced in their role and be supported and encouraged in practicing good self-care so that they may be successful in their position. In addition, supervisors and co-workers need to respect the difficulties peer support specialists face and be supportive of their self-care activities.

Implementation Guidelines

1. All staff, including peer support specialists, are encouraged to use good self-care as a way to manage stress in their work.
2. Peer support specialists and all clinical staff are given opportunities to debrief difficult job-related situations with supervisors as part of regularly scheduled supervision.
3. Peer support specialists are supported when they need to utilize sick leave and vacation to take care of personal or family needs per agency policies.
4. All staff are encouraged to participate in training and other activities that provide support for self-care within their roles in the agency.

Protocol 14 – Fighting the stigma associated with mental illness and substance use disorders

Provider agencies and peer support specialists observe the need to actively combat the effects of the stigma of mental illness and substance use disorders within the employment setting on an ongoing basis.

Implementation Guidelines

1. The provider agency has policies, procedures, and regular training for staff regarding the reduction of the stigma of mental illness and substance use disorders and the promotion of social inclusion.
2. The policies, procedures, and training also promote diversity.
3. The provider agency has policies and procedures that define how any staff member (including peer support specialists) that experiences stigma can positively address the stigmatizing experience.
4. Provide opportunities for peer support specialists to receive regular mutual support and peer consultation from other peer support specialists that includes mutual support to cope with the effects of stigma.
5. Agency policies, procedures, and practices promote the use of person-first language and discourage references to people by labels such as diagnoses.

Arizona Department of Health Services, Division of Behavioral Health Services. (2007). ADHS/DBHS Clinical and Recovery Practice Protocol: Peer Workers/Recovery Support Specialists within Behavioral Health Agencies.

Carlson, L. and McDiarmid, D. (1999). Consumers as Providers of Mental Health Services, A Literature View & Summary of Strategies to Address Barriers. University of Kansas School of Social Welfare.

Clark County Peer Support Guidelines (2009). Clark Regional Support Network, Washington State.

Daniels, A., Grant, E., Filson, B., Powell, I., Fricks, L., Goodale, L. (Ed). (2010). Pillars of Peer Support: Transforming Mental Health Systems of Care Through Peer Support Services, www.pillarsofpeersupport.org; January, 2010.

Gates, Lauren B. and Akabas, Sheila H. (2007). Developing Strategies to Integrate Peer Providers into the Staff of Mental Health Agencies. Administration and Policy in Mental Health, 34(3), 293-306.

InterNational Association of Peer Supporters (2013). National Practice Guidelines for Peer Supporter.

King County Regional Support Network. (2007). Peer Support Services Benefits and Guidelines.

King County Regional Support Network. (2009). Standards for Peer Support Services.

Larsen, N. (2005). Recovery Services Development Resource Handbook. Chicago, IL: Recovery Services Development Illinois Division of Mental Health.

Miles, Patricia, (2001). The Individualized & Tailored Care/Wraparound Parent Partner Manual. Portland, OR., page 4.; 503 618 1088. July, 2001.

O'Brien, J., Tiegreen, W. and Campbell, J. (July 2008). Independent Living Research Utilization in Collaboration with Human Services Council Research Institute. Policy Issue #2: Introducing and Supporting Peer Providers in Traditional Mental Health Provider Networks, Houston, TX: ILRU Program.